



**To: Collection Agency Licensees**

Arizona Administrative Code R20-4-1520 (B) requires a collection agency to maintain a record of fictitious names used by each of its debt collector(s). A copy of the record must also be filed with the Department on July 1 and December 31 of each year.

The record filed with the Department must state the name of the licensee and contain the following information:

1. True name of debt collector
2. Name used other than true name and inclusive dates the name was/is being used.
3. True physical home address and mailing address of debt collector.

To comply with the provisions of this rule, please complete the attached form and forward to the Department on or before July 1 and December 31.

Keep a copy of this blank form for the above compliance requirement dates.

Please note that each licensee must submit a form even if fictitious names are not used in the Collection Agency.

Thank you for your cooperation.

Licensing Section  
Financial Services Division



**Collection Agency Fictitious Names Report**

This report must be filed even if fictitious names are not used.

Name of Licensee:		License#: CA-	
Address:			
City	State	Zip	
Do any of your employees use fictitious names?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If yes, complete the following:**

<b>1.</b> True Name:		
Fictitious Name:	Date Used From:	Date Used To:
True Home Address:		
City:	State:	Zip:
True Mailing Address:		
City:	State:	Zip:
<b>2.</b> True Name:		
Fictitious Name:	Date Used From:	Date Used To:
True Home Address:		
City:	State:	Zip:
True Mailing Address:		
City:	State:	Zip:
<b>3.</b> True Name:		
Fictitious Name:	Date Used From:	Date Used To:
True Home Address:		
City:	State:	Zip:
True Mailing Address:		
City:	State:	Zip:
<b>4.</b> True Name:		
Fictitious Name:	Date Used From:	Date Used To:
True Home Address:		
City:	State:	Zip:
True Mailing Address:		
City:	State:	Zip:

(If more space is needed, complete details on a separate sheet and attach to this form.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensee or Active Manager